

IMMEDIATE NEED PAYMENT REQUEST*Instructions:*

- Complete the questions below. Attach proof of eviction or utility shut-off notices.
- You have the right to fill out this form yourself or have someone help you at your request.

County Use Only

Date Received:

Name	Case Number (if known)	Date of Application (if known)	Applicant has been determined:				
Social Security Number	Worker Number (if known)	County of Application	<input type="checkbox"/> To be apparently eligible for CalWORKs <input type="checkbox"/> To be in Immediate Need due to: <input type="checkbox"/> Eviction Notice <input type="checkbox"/> Utility Shut-off <input type="checkbox"/> Utility Shut-off Notice <input type="checkbox"/> Food <input type="checkbox"/> Other:				
Office of Application (Address-number, street and city)							
	YES	NO		YES	NO		
1. Do you have an Eviction Notice or notice to pay or quit?			5. Do you need essential clothing, including diapers or clothing needed for cold weather?				
2. Have your utilities been shut off?			6. Do you need help with transportation to get food, clothing, medical care or other emergency item?				
3. Do you have a shut-off notice?			7. Do you have another kind of emergency which threatens your health or safety? If YES, explain:				
4. Will your food run out in three days or less?							
8. Do you have any of the following resources? (Check each box. If "YES", list the amount.)						<input type="checkbox"/> Not to be in Immediate Need. <input type="checkbox"/> Denial Notice Provided <input type="checkbox"/> To be eligible for CalWORKs Regular Aid payment <input type="checkbox"/> To be ineligible for CalWORKs	
Resource	YES	NO	Amount/Value	Resource	YES	NO	Amount/Value
Cash			\$	Credit Union Accounts			\$
Savings or Checking Accounts			\$	Other (explain):			\$
Stocks or Bonds			\$				

CERTIFICATION

- I understand I have the right to fill out this form myself or have someone help me at my request.
- I understand and agree that I have to comply with certain eligibility requirements, some of which I may be asked to do before the county issues an Immediate Need payment, such as: giving Social Security Numbers, accepting any income which may be available to me and agreeing to cooperate with the Local Child Support Agency regarding child, medical, and spousal support.
- I declare under penalty of perjury under the laws of the United States of America and the State of California that the statements I have given on this form are true and correct.

Signature (or mark) of Applicant	Date	<input type="checkbox"/> Need met by: <input type="checkbox"/> Resource agency <input type="checkbox"/> Applicant informed to return to CWD if need not met <input type="checkbox"/> IN Payment In cases of Eviction applicant has chosen an: <input type="checkbox"/> Immediate Need payment <input type="checkbox"/> Expedited CalWORKs Payment <input type="checkbox"/> Applicant requested CWD to complete form By _____ (Initial) <input type="checkbox"/> Cash Granted Date _____ <input type="checkbox"/> Denial Date _____
Signature of Witness to Mark	Date	

Comments: